

Flight Procedure Tracking Form		Action: CANCELLATION	Task Type: IAP	Date Open: 05/30/2012	Task #: 2012053023697701002	Request #: 20120530236977
Procedure: VOR RWY 2 AMDT 6			Airport ID: KASX	Airport: JOHN F KENNEDY MEMORIAL		Reimbursable #:
City: ASHLAND		ST: WI	GPS #:	Estimated Chart Date: 05/02/2013		FICO #:
Fac ID: ASX		Fac. Type: VDME		Specialist: THOMAS KIRKPATRICK		
Procedure Review						
	Rec'd	Rel'd	Full Name	Comments		
Lead:						
QA:	12/10 EJ			QUALITY 12/17 JSD CHECKED 12/27/12 C703000		
Liaison:						
Procedure Comments:			ENROUTE	Remark Type: INFORMATION		
ATTACHED FORMS: 8260-5 CONTACT: JILL OLSON/STEVE BARNETT, AJV-353 POC, 405.954.0414/9307						
<i>Priority 2</i>						

U.S. DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION
VOR STANDARD INSTRUMENT APPROACH PROCEDURE
FLIGHT STANDARDS SERVICE - TITLE 14 CFR PART 97.23

Bearings, headings, courses, and radials are magnetic. Elevations and altitudes are in feet, MSL, except HAT, HAA, TCH, and RA. Altitudes are minimum altitudes unless otherwise indicated. Ceilings are in feet above airport elevation. Distances are in nautical miles unless otherwise indicated, except visibilities which are in statute miles or in feet RVR.

TERMINAL ROUTES				MISSED APPROACH
FROM	TO	COURSE AND DISTANCE	ALTITUDE	
				ADDITIONAL FLIGHT DATA:

1. PT _____ SIDE OF COURSE _____ OUTBOUND _____ FT WITHIN _____ MILES OF _____ (IAF)
 2. _____
 3. FAC _____ FAF _____ DIST FAF TO MAP _____ THLD _____
 4. MIN. ALT _____
 8. MSA FROM: _____

MAG VAR: _____ EPOCH YEAR: _____

TAKEOFF: SEE FAA FORM 8260-15A FOR THIS AIRPORT						ALTERNATE: N A									
CATEGORY =====>	A			B			C			D			E		
	MDA	VIS	HAT/HAA	MDA	VIS	HAT/HAA	MDA	VIS	HAT/HAA	MDA	VIS	HAT/HAA	MDA	VIS	HAT/HAA

NOTES:

 PROCEDURE CANCELED EFFECTIVE _____



CITY AND STATE ASHLAND, WI	ELEVATION: 827 TDZE: 826 AIRPORT NAME: JOHN F. KENNEDY MEMORIAL	FACILITY IDENTIFIER: ASX	PROCEDURE NO./AMD T NO./EFFECTIVE DATE: VOR RWY 2, AMDT 6, 06/05/2008	SUP VOR OR GPS RWY 2 AMD T 5 DATE 05/10/2007
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ALL AFFECTED PROCEDURES REVIEWED? <input type="checkbox"/> YES <input type="checkbox"/> NO	COORDINATES OF FACILITIES	REQUIRED EFFECTIVE DATE <p style="text-align: center;">ROUTINE</p>
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COORDINATED WITH:						
ATA <input type="checkbox"/>	AAT <input type="checkbox"/>	ALPA <input type="checkbox"/>	APA <input type="checkbox"/>	AOPA <input checked="" type="checkbox"/>	NBAA <input checked="" type="checkbox"/>	OTHER (specify) <input checked="" type="checkbox"/> <u>ZMP ARTCC, AMGR.</u>

FLIGHT CHECKED BY

NAME:	FIFO	DATE:
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DEVELOPED BY

NAME: <p style="text-align: center;">THOMAS L KIRKPATRICK</p>	FIFO AJV-353	DATE: 11/19/2012
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APPROVED BY

NAME: <p style="text-align: center;">LARRY H STROUT</p>	FIFO AJV-353	DATE:
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CHANGES:

REASONS:

QUALITY
 &
 CHECKED